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MARGIN RESERVED FOR BINDING

N. B.—WRITE ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State File No. <u>4431</u>		Registered No. <u>48</u>	
County <u>Yuma</u> State <u>Arizona</u>							
Township <u>Yuma</u> or Village _____							
City <u>Yuma</u>							
(If death occurred in a hospital or institution, give its NAME instead of street and number)							
Length of residence in city town where death occurred <u>7</u> yrs. <u>0</u> mos. <u>0</u> ds. How long in U. S. if of foreign birth? <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.							
2. FULL NAME <u>John Samuel Sibole</u>							
(a) Residence: No. <u>401-121</u> St. _____ Ward _____							
(Usual place of abode)						(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>male</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word) <u>single</u>		21. DATE OF DEATH (month, day, and year) <u>March 20, 1932</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>April 29 1919</u>						22. I HEREBY CERTIFY, That I attended deceased from <u>March 15, 1932</u> to <u>March 19, 1932</u> . I last saw him alive on <u>March 19, 1932</u> ; death is said to have occurred on the date stated above, at <u>11:30 a.m.</u>	
6. DATE OF BIRTH (month, day, and year)		7. AGE		8. TRADE, PROFESSION, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		The principal cause of death and related causes of importance were as follows:	
<u>12</u> Years <u>10</u> Months <u>27</u> Days		If LESS than 1 day, <u>0</u> hrs. <u>0</u> min.		<u>child</u>		<u>Tuberculosis of brain and Meninges.</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		Other contributory causes of importance:	
<u>child</u>		<u>April 29 1919</u>		<u>child</u>		<u>Hemiplegia.</u>	
12. BIRTHPLACE (city or town) (State or country)		13. NAME <u>Joseph B Sibole</u>		14. BIRTHPLACE (city or town) (State or country)		Name of operation <u>none</u> Date of _____	
<u>Yuma, Arizona</u>		<u>Yuma, Arizona</u>		<u>Yuma, Arizona</u>		What test confirmed diagnosis? <u>no</u> Was there an autopsy? <u>no</u>	
15. MAIDEN NAME <u>Nettie Still</u>		16. BIRTHPLACE (city or town) (State or country)		17. INFORMANT <u>Harry A. Reese</u> (Address) <u>401 1/2 1st St. Yuma, Ariz.</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____	
<u>Yuma, Arizona</u>		<u>Yuma, Arizona</u>		<u>Yuma, Arizona</u>		Where did injury occur? _____ (Specify city or town, county and State)	
18. BURIAL, CREMATION, OR REMOVAL <u>buried</u> Date <u>3/26/32</u>		19. UNDERTAKER <u>Harry A. Reese</u> (Address) <u>Yuma, Arizona</u>		20. Filed <u>March 26, 1932</u> <u>Harry A. Reese</u> Registrar		Specify whether injury occurred in industry, in home, or in public place. _____	
						24. Was disease or injury in any way related to occupation of deceased? _____	
						If so, specify _____	
						(Signed) <u>Harry A. Reese</u> M. D.	
						(Address) <u>Yuma, Arizona</u>	